

| <div style="display: flex; justify-content: space-between;"> <div> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <i>Amend 5-7-84</i> </div> <div> SERIAL NO. 09358 177 FILING DATE _____ APPLICANT(S) _____ </div> </div> | | | | | | |
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| CLAIMS | | | | | | |
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